



Application to the South Carolina
Victim Assistance Academy
August 27-September 1, 2006

Please type or print legibly. If additional space is required please attach separate sheets.

DATE: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

ORGANIZATION: _____

ADDRESS: _____
STREET/ PO BOX CITY/ STATE ZIP CODE COUNTY

BUSINESS PHONE: () _____ / **FAX** () _____

HOME PHONE: () _____ **MOBILE** () _____

E-MAIL ADDRESS: _____

How do you prefer we contact you? E-Mail _____ Fax _____ US Postal _____

CURRENT POSITION: _____ **FROM:** ____/____ **TO:** ____/____

Paid ☐ *Volunteer* ☐ *Web Site for your organization:* _____

PERSONAL EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PERSON PHONE(S): _____

DO YOU CURRENTLY HAVE ACCESS TO A COMPUTER WITH A CD DRIVE? Yes ☐ No ☐

WHAT WORD PROCESSING PROGRAM DO YOU USE? WordPerfect ☐ Microsoft Word ☐

EDUCATION - GED/HS Diploma/AA/Bachelors/Advanced Degree(s):

YEAR(S): _____ **MAJOR:** _____ **University** _____

IF ACCEPTED, I AM INTERESTED IN RECEIVING INFORMATION ABOUT OBTAINING THREE ACADEMIC CREDITS (Please indicate):

Undergraduate Credit hours ☐ *Graduate Credit hours* ☐ *Not interested* ☐

NOTE: Participants seeking academic credit are responsible for paying the course cost (\$150) in addition to the general \$250 registration fee. These fees are not due until you are notified of your acceptance into the academy

PLEASE LIST AFFILIATIONS WITH PROFESSIONAL ORGANIZATIONS OR GROUPS RELATED TO VICTIM SERVICES:

This project was supported by Grant No. 2004-VF-GX-K016 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice to the South Carolina Governor's Office of Victim Assistance (SOVA). This is a collaborative project between SOVA, the MUSC's National Crime Victims Research and Treatment Center, and the SC Victim Assistance Network.

SECTION TWO:

1. Select the jurisdiction/category below that best describes the type of organization you represent:

Federal ☐ **State** ☐ **City** ☐ **County** ☐ **Private/nonprofit** ☐ **Other** ☐

2. Select the type of community your agency primarily serves:

Urban ☐ **Suburban** ☐ **Rural** ☐

3. Select the Victim Service category that best describes the type of organization(s) you represent:

Criminal Justice-Based	Community/Nonprofit-Based	Additional Agencies
<input type="checkbox"/> Police/Sheriff <input type="checkbox"/> Prosecution <input type="checkbox"/> Courts <input type="checkbox"/> Probation <input type="checkbox"/> Corrections <input type="checkbox"/> Parole <input type="checkbox"/> Juvenile <input type="checkbox"/> Other: _____	<input type="checkbox"/> All Victims <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse/Sexual Assault <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Drunk Driving <input type="checkbox"/> Homicide Support <input type="checkbox"/> Missing/Exploited Children <input type="checkbox"/> Elderly Victims <input type="checkbox"/> Other: _____	<input type="checkbox"/> Youth Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> State Victim Services Staff <input type="checkbox"/> Religious: _____ <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Funeral Services <input type="checkbox"/> Other: _____

4. Please indicate the type(s) of crime victims that you **PRIMARILY** serve: (check no more than three)

<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Child abuse/Sexual Assault <input type="checkbox"/> Survivors for Homicide Victims <input type="checkbox"/> Drunk Driving <input type="checkbox"/> All Crimes Against Persons <input type="checkbox"/> All Crimes Against Property <input type="checkbox"/> Dating Violence <input type="checkbox"/> Other: _____	<input type="checkbox"/> Assault <input type="checkbox"/> Elderly Victims <input type="checkbox"/> Missing/Exploited Children <input type="checkbox"/> Computer Crimes <input type="checkbox"/> Victims with Disabilities <input type="checkbox"/> Robbery/Theft <input type="checkbox"/> Bias Violence/Hate Crimes <input type="checkbox"/> Gang Violence <input type="checkbox"/> Other: _____
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5. Indicate the types of services that you **PRIMARILY** provide for victims of crime in your current position:
(Check no more than five.)

<input type="checkbox"/> Crisis Intervention <input type="checkbox"/> 24-Hour Hotline <input type="checkbox"/> Medical Advocacy <input type="checkbox"/> Shelter <input type="checkbox"/> Therapy/Psychological Counseling <input type="checkbox"/> Systems/Institutional Advocacy <input type="checkbox"/> Case Management <input type="checkbox"/> Support Groups <input type="checkbox"/> Assistance with Orders of Protection <input type="checkbox"/> Child Care <input type="checkbox"/> Emotional Support <input type="checkbox"/> Counseling: _____ <input type="checkbox"/> Court Advocacy	<input type="checkbox"/> Restitution Assistance <input type="checkbox"/> Notification <input type="checkbox"/> Victim Impact Statement Assistance <input type="checkbox"/> Crime Victim Compensation Assistance <input type="checkbox"/> Legal Advocacy <input type="checkbox"/> Information Referral <input type="checkbox"/> Community Education <input type="checkbox"/> Transportation <input type="checkbox"/> Social Service Advocacy <input type="checkbox"/> Training and Technical Assistance <input type="checkbox"/> Multidisciplinary Teams <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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Overnight accommodations (individual rooms) will be provided at the Inn at U.S.C. All students are expected to stay at the hotel. The project staff of the SCVAA will make all reservations after the selection process is complete. **Unfortunately, due to state travel regulations, there are some limitations in the ability for the project to pay hotel costs for students who live within a fifty mile driving distance to the National Advocacy Center. There is more information about this on our web site. Please visit http://www.scvaa.sc.gov/scvaa/2006_victims_assistance/overnight_accommodations for more details.** Parking and meals will be provided to all students at no cost to them.

SECTION THREE:

Please attach a current resume that includes your formal education and other trainings and certificates, as well as previous experience in assisting crime victims. Include other relevant employment in the last three years. Provide information regarding position, responsibilities and dates of service, from most recent to past.

SECTION FOUR:

On a separate page, briefly describe your reason for attending the South Carolina Victim Assistance Academy training and define how your participation will be of personal, professional and community benefit. Provide any additional information you believe important for the application selection committee to consider.

SECTION FIVE:

Two letters of recommendation are required for selection to the SC Victim Assistance Academy. The first letter must be from your immediate supervisor or agency director authorizing your attendance and confirming their commitment to your training by releasing you from your duties for the week of the academy. Their letter should also detail the benefits of having you complete the 40 hours of training. The second letter needs to be from a professional associate, in an agency or office other than your own, demonstrating your commitment to victim issues and willingness to network within your community. These letters must be submitted with the application.

SECTION SIX:

*By completing and signing this application, I verify that all information given is accurate to the best of my knowledge and that any false information will be sufficient cause for rejection of my application. **Also, in signing this application I verify my commitment to attend the full 40-hour course, to stay on-site in the provided housing, and to make travel arrangements accordingly.***

Signature

Date

PLEASE MAIL OR FAX YOUR COMPLETED APPLICATION FORM TO:

***Brittany Baber
Medical University of South Carolina
National Crime Victims Research and Treatment Center
PO Box 250852, 165 Cannon Street
Charleston, SC 29425
(843) 792-2945 (office)
(843) 792-4744 (fax)***

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